

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: 07/15/2016

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
Address: PO Box 4068, Deerfield Beach, FL 33442-4068			
Email: bobbi.pohlman@us.g4s.com			
Telephone number: 954-818-5131			
Date of facility visit: June 16, 2016			
Facility Information			
Facility name: Minnesota Correctional Facility - TOGO			
Facility physical address: 62741 County Road 551, Togo, MN 55723			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 218-376-4411			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Gino Anselmo, CEO – Juvenile/Minimum Corrections			
Number of staff assigned to the facility in the last 12 months: 58			
Designed facility capacity: 90			
Current population of facility: 77			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18 years of age and older			
Name of PREA Compliance Manager: Dale Zuk		Title: Captain	
Email address: dale.zuk@state.mn.us		Telephone number: 218-376-4055	
Agency Information			
Name of agency: Minnesota Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1450 Energy Park Drive, Suite 200, St. Paul, MN 55108			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 651-361-7200			
Agency Chief Executive Officer			
Name: Tom Roy		Title: Commissioner	
Email address: tom.roy@state.mn.us		Telephone number: 651-361-7226	
Agency-Wide PREA Coordinator			
Name: Debra Wienand		Title: PREA Coordinator	
Email address: debra.wienand@state.mn.us		Telephone number: 651-361-7780	

AUDIT FINDINGS

NARRATIVE

The Minnesota Correctional Facility – Togo was audited on June 16, 2016 by US DOJ Certified Auditor Bobbi Pohlman-Rodgers. The auditor reviewed all pre-audit information, including the Pre-Audit Questionnaire and policy, procedures and forms that the facility provided pre-audit. Present during the entrance were CEO Gino Anselmo, PREA Compliance Manager Captain Dale Zuk, HR/Training Specialist Stephanie Kemp, OAS Sr. Carla Pocket, and the agency PREA Coordinator Deb Weinand.

Following the entrance and prior to the tour of the facility, the auditor was provided with requested lists of both staff and offender rosters. Selected for interview from the inmate roster were twelve offenders, one identified as limited English Proficient. There were no offenders present at the facility during the audit who reported a current or prior victimization, disability or being gay, bisexual, transgender or intersex. Selected for interview from the staff roster were ten staff, at a minimum of one per shift. There were twelve specialized staff interviews conducted that included: CEO, PREA Manager, Upper Level Administrator, Medical, Mental Health, Human Resources, Investigations, Intake and Risk Screening, Incident review, and Retaliation. Both the Deputy Commissioner of the Minnesota Department of Corrections and the state agency PREA Coordinator were interviewed by US DOJ Auditor Peter Plant in August 2014, and this information was used in this report.

The tour was led by PREA Compliance Manager Captain Zuk, along with the PREA Coordinator Debra Weinand. The auditor toured all areas of the facility, including the administration building, offender housing, gymnasium, chapel with outside religious area, kitchen, dining hall, school, CIP offices, tool shed, property building, staff quarters, wood shed, wash garage, cogs building, bio-hazard building, maintenance, green building, ski chalet, CD building, industry building and recycling.

The auditor observed both PREA related materials available for offender and staff viewing, as well as notices of the upcoming PREA audit. The auditor noted that there is a door bell installed at each offender housing unit. Female staff utilize the doorbell to announce their entrance into the housing unit. The doorbell was used during the tour to signal the auditor's entrance. Youthful offenders are not housed at this facility. There have been no allegations of sexual abuse or sexual harassment at this facility in the past twelve months; nor has had an allegation made by an offender upon their release. There were no letters received by offenders.

The onsite audit was completed with a review of facility specific information. Staff PREA education, specialized staff training, staff background checks, offender education, and offender screening tools were reviewed.

DESCRIPTION OF FACILITY CHARACTERISTICS

Minnesota Correctional Facility – Togo (MCF-Togo) is a non-secure minimum security facility for adult male inmates, located in Togo, Minnesota. Formerly a boot camp for youth, this facility was originally opened in 1955 as “Thistledew Camp”, and there are still references to the camp seen at the facility. MCF-Togo houses both adult male minimum-security offenders and Challenge Incarceration Program (CIP) offenders. Work opportunities are provided through MINNCOR Industries firewood bundling for the state and community work crews. Facility programming consists of Adult Basic Education, GED programming, and chemical dependency treatment services.

Set in the deep woods, one enters the facility through a long drive of tall trees. A ball field and walking track are first seen as you clear the trees. The facility consists of twenty-two buildings set in the deep woods, with a long driveway of trees at the entrance. Around the outer banks of the facility one will notice signs advising offenders of the perimeter boundaries and prohibiting movement beyond the sign.

The administrative building provides office space for administrative staff and includes a connected, yet separate, conference room.

The “Alice O’Brien School” building provides classrooms that are easily supervised by staff. PREA information is prominent. Within the building, school and the health services unit are side by side. An offender library compliments this building.

Health services, currently working out of the school building, provides medical services Monday through Friday. Sick call is offered each morning at 8:15 AM and a Nurse Practitioner or Physician Assistant are present weekly. Offenders are provided “keep on person” medications. A health services clinic is currently under construction.

The property building contains a rounds book and bathroom. The basement and garage provide for additional storage. Both the building main floor and the basement are slated for cameras.

The wash garage was formerly used to detail vehicles. This is rarely used now, but is slated for cameras.

The ski chalet, a wooden Swiss type building, is still on the property and slated for removal. It is currently being used for storage.

The kitchen and dining room provide for meals. There is one bathroom for offenders and provides for privacy. The food storage areas contain a camera for added supervision.

The Chapel provides space for religious services, and is used as a multi-purpose room. Visitation and training are conducted in the building. There are two audio/video cameras and a logbook.

The bio-hazard building provides for storage of bio-hazard materials. Access by key only.

The Maintenance and Warehouse building are both slated for cameras. This area is also used for storage. Canteen is also prepared in this building. Canteen requests are sent to MCF-Oak Park, items are packaged and returned to the facility for distribution.

There are both outside recreational areas and an indoor gymnasium. The outdoor recreational features include a ball field, two basketball courts, walking track, high ropes, and numerous Frisbee golf stations. A Native American sweat lodge and areas for the religious practices of Asatru and Wicca are on the grounds. An indoor gymnasium provides workout equipment, basketball, and rock climbing wall.

The CD building provides space for the Chemical Dependency Program.

The COGS building is a two story building that houses an arts and crafts storage area, high ropes course preparation area, and winter clothing/footwear.

The Industry building provides space for MINNCOR wood bundling and outside storage of the bundles. Offenders work cutting and bundling wood that is sold at state parks for campers.

There is a staff housing building that is two story. Offenders are not permitted in this building.

The CIP Offices are within one of the former barracks. This two-story building also contains a basement that is used for storage. Master control is located in this building. Camera access and GPS equipment tracking is present. There are two case manager offices, as well as a CIP meeting room. There are cameras located in the day room. PREA posters and notice of the PREA audit were observed.

Green Building is a large storage area and houses seasonal vehicles and larger items.

Barracks One houses 80 CIP offenders in a dorm style setting. There is a general bathroom that contains doors on toilet stalls and a curtain. The showers are provided through individual curtains. There is a quiet room, mail room, and laundry room. There is an area with ten telephones for offender use. These phones also access the state and national hotlines, and these numbers are free for inmates to call.

Barracks Two is currently unoccupied due to housing renovations. Currently intake photos, clothing, notary and offender account services are available.

Barracks Three houses up to 16 offenders. An open bay style living, there are general bathrooms and showers with privacy provided through doors and curtains. There are two phones for offender use, and free access to the state and national hotlines. A control center provides access to all cameras, radio alerts, and weather alerts. PREA posters and notice of the PREA audit were observed.

SUMMARY OF AUDIT FINDINGS

The facility conducted a mock audit in December of 2015. The results of the audit were used to identify areas where supervision could be improved, and they are currently awaiting the purchase and installation of additional cameras. The mock-audit also resulted in the revision of agency policies so as to comply with PREA standards.

The facility conducted a mock drill in May 2016. Notes reviewed showed that they activated their Coordinated Response Plan and following all protocols for first responder, evidence collection, medical/mental health care, and follow-up. Well done.

The auditor wishes to commend the facility staff for their dedication to compliance with PREA Standards, as well as their welcoming attitude toward both the audit process and the auditor. They sought suggestions and asked questions to ensure that they were meeting the PREA standards. Staff are committed to providing a safe environment for all.

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 clearly states the agency's zero tolerance toward sexual abuse and sexual harassment. This policy defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions and outlines the implementation of the agency's approach to the preventing, detecting, and responding to sexual abuse and harassment. Policy 103.225 addresses the rules of conduct between employees and inmates and states that "Any individual who violates agency sexual abuse or sexual harassment policies may be subject to discipline up to and including discharge."

Debra Wienand, the state agency PREA coordinator, is in a dedicated position in the agency's Office of Special Investigations and reports she has sufficient time and authority with respect to the development, implementation, and monitoring of agency efforts in PREA compliance. This was demonstrated through her coordination of a facility-wide mock PREA audit over a five-day period in May 2014. Ms. Wienand is also a U.S. DOJ Certified PREA Auditor.

Dale Zuk, the facility PREA Compliance Manager, is a Captain, who also reports that he has sufficient time and authority to coordinate the facility's PREA compliance activities. He reports approximately 20% of his time is dedicated to PREA related activities. Staff meetings, training, post order updates, rounds, mock audits, and drills are methods utilized to coordinate the facilities efforts toward compliance, as well as to identify challenges.

An interview by US DOJ Certified PREA Auditor Peter Plant with Ms. Terry Carlson, Deputy Commissioner of the Minnesota Department of Corrections, confirmed the Department's stand on sexual abuse and sexual harassment and their commitment to enforcing the zero tolerance policy.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC currently has 17 contracts with local units of government to house state offenders. All 17 contain a provision requiring of the entity's obligation to adopt, comply with, and monitor compliance with PREA standards, as well as agree for DOC agency contract monitoring to be conducted.

Standard 115.13 Supervision and monitoring

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The most recent Staffing Plan is based on a population of 90 offenders and meets the requirements of the standard. There is one CEO, one Captain, one Investigator, one Inventory Control Specialist, one IT staff, one Human Resource Specialist, five Office and Administrative Specialists, three Case Workers, three Lieutenants, five Sergeants, twenty-five Officers, two Maintenance staff, one Recreational Specialist, one Transitional Coordinator, four Food Service workers, three Teachers, five Clinical Staff, two Health Services Professionals, one Sports Medicine Specialist, and one Safety Officer. There are three shifts: 6 AM – 2 PM, 1:50 PM – 9:50 PM, and 9:40 PM – 6:10 AM. No deviations were discovered. There are 65 cameras throughout the facility that are monitored 24/7, and there is anticipation of future cameras. The Plan was last reviewed in May 2016.

The facility conducted a mock PREA audit over a two day period in December 2015. The audit resulted in a finding that certain areas and blind spots required camera coverage, some cameras require replacement, and identification of additional lighting for camera viewing. Some blind areas were identified, and steps were taken to secure these areas as well as future camera installation.

Policy 301.055 addresses the requirement of the intermediate and higher level staff to conduct and document unannounced rounds intermittently during the month. The policy also addresses staff are prohibited from alerting other staff of supervisory rounds. A review of the logbook entries found that these rounds are conducted at random on all shifts. Staff interviews confirmed the practice.

An interview with the CEO confirmed that the staffing plan is reviewed bi-annually for budget purposes. There are rarely deviations from the staffing plan due to overtime sign-up and forced hold over. There is also an overtime report that he receives for review.

Standard 115.14 Youthful inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is N/A. Youthful offenders are not held at this facility.

Standard 115.15 Limits to cross-gender viewing and searches

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 301.010 addresses cross-gender strip searches which are prohibited except in exigent circumstances. Staff and offender interviews confirmed the policy. This policy also notes medically trained professionals are permitted to conduct body cavity searches, but only in exigent circumstances. All cross-gender searches are required to be documented. This was confirmed through interviews.

Policies 301.055 and 202.105 state that offenders are allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Offender interviews confirmed that the policy is implemented. All toilets and showers in the housing areas utilize curtains or doors for privacy from staff viewing. The policy also requires staff, contractors, and visitors of the opposite gender to announce their presence when entering an offender housing unit. This was identified during the tour when female staff rang a door bell. This door bell is loud enough for offenders within the housing unit to hear the sound. Additionally, a flashing light goes off to assist offenders who may be hard of hearing. Interviews with offenders found that they are aware of the purpose of the tone/light. No offender reported a violation of their privacy.

Policy 301.010 states that an unclothed body search is not conducted for the sole purpose of determining an offender's gender. Staff interviews confirmed that the agency trains security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 states that the facility maintains multiple ways for offenders and staff to report allegations of sexual abuse/harassment/staff sexual misconduct perpetrated by other offenders, staff, contractors or volunteers. A qualified interpreter is provided for an offender who has a disability that impacts his/her ability to communicate (such as a hearing or vision impairment). Offenders who do not speak and understand English are provided language interpretive services. Offender interpreters are not used unless a delay could cause immediate safety or security issues. Offenders who falsely report information are reviewed for a violation of the offender discipline regulations and/or criminal statutes.

Policy 203.250 further describes additional steps taken to provide assistance to offenders with disabilities. The agency makes available a language line telephone service to all facilities. Interviews confirmed availability of these services

Signage, orientation, and inmate handbooks are provided in both English and Spanish. The agency would, if necessary, have these documents interpreted into other languages, through Language Line, as the need arose. One offender who was identified as limited English proficient reported that he did not require additional assistance to understand English, but was aware that services were available.

Standard 115.17 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 103.014 states that the DOC does not hire or promote anyone who:

- A. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- B. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse: or
- C. Has been civilly or administratively adjudicated to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).

The policy also states that the department conducts criminal history and employment history checks, including incidents of sexual harassment, on a finalist for hire or promotion with the DOC. The application for employment contains the inquiry questions required by the standard. A provision of material misinformation is grounds for termination. Background screenings are conducted every five years.

The agency's Human Relations office confirmed that DOC does provide the information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from an institutional employer considering that former employment for employment.

The facility HR staff confirm that background check are run at hire, at promotion, and the new system requires a background check every 5 years. This is conducted by the agency HR Department. Interviews with staff confirm that volunteers receive annual PREA training and background screenings.

Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A mock PREA audit was conducted over a two day period in December 2015. The audit produced several findings that resulted in additional cameras being installed, and blind spots either removed or declared off limits to offenders. Additionally, the facility has a Security System Group that is scheduled to meet quarterly to monitor and track the 5-year camera plan and to identify appropriate placement of future facility cameras.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 107.007 states that the Office of Special Investigations (OSI) investigates allegations of felony level criminal activity by offenders and assists law enforcement agencies with conducting criminal investigations involving employees, volunteers, contractors, and visitors within the department. Completed investigations are forwarded to the appropriate assistant or deputy commissioner for referral to the appropriate county attorney's office for criminal prosecution. Any investigative data revealing criminal activity outside of the department is referred to the appropriate law enforcement agency. This was confirmed in an interview with the facility investigator.

Policy 500.100 clearly states that no co-payment is required for health services provided subsequent to allegations of sexual assault, abuse, or harassment. No forensic exams were conducted during the prior 12 months.

The DOC met with the Minnesota State Sexual Assault Coalition to develop protocols for utilizing outside sexual assault advocacy services for incarcerated victims of sexual assault. In this regard the DOC worked with the advocacy agency that serves the Stillwater area, but was unable to conclude an agreement. As a result, Lydia Newlin, Minnesota DOC Victim Services and Restorative Justice Program Director, serves as the qualified agency victim advocate for this facility. Ms. Newlin has extensive experience and training in victim advocacy. Her contact information is posted in all housing units.

Forensic examinations would occur at The Bigford Valley Hospital, a level 4 Trauma Center. A phone interview with a staff at the hospital confirmed that SANE examination is available as needed.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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All agency policies are openly available on the DOC's website.

Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Policy 202.057 states that offenders, staff, contractors, volunteers, and others deemed necessary by administration must receive training on sexual abuse/harassment/staff sexual misconduct prevention, detection, and the DOC's response plan. In the past 12 months over 58 staff have received training in these PREA Modules. The three Modules are thorough and gender and age responsive. The agency has recently updated their approach to the searching of transgender and intersex offenders. They are also developing a new Refresher Module.

Training is documented on the agency's Training Management System. Training at hire consists of the Academy 8-hour PREA training. This is followed thereafter by an 8-hour - 3 module - PREA training, a 3-hour Incident Command System training, a 1-hour offender search training. Every year thereafter is a PREA refresher training. Staff interviews confirmed that all staff receive the required training. Random staff file reviews confirmed staff have received training as required by both policy and Standard.

Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Policy 202.057 states that offenders, staff, contractors, volunteers, and others deemed necessary by administration must receive training on sexual abuse/harassment/staff sexual misconduct prevention, detection, and the DOC's response plan. Volunteers and contractors are required to complete the same training – Modules 1, 2 and 3 – as staff complete. This training is documented in the agency's Training Management System. While a Volunteer was not able to be interviewed during the audit, interviews with staff confirmed that annual training is required for volunteers at MCF-Togo.

Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Policies 202.057 and 202.050 require that newly committed offenders receive orientation regarding sexual abuse/harassment and reporting. Offenders receive written and verbal information in a language easily understood by the offender, regarding:

- a) The DOC zero-tolerance policy on sexual abuse/harassment;
- b) How to avoid sexual contact in prison;
- c) The risks and potential consequences of engaging in any type of sexual activity while incarcerated, which may include criminal sanctions and/or offender discipline;
- d) How to identify and report an incident of sexual abuse/harassment or staff sexual misconduct;
- e) What defines a false accusation and the consequences for making a false accusation; and
- f) How to obtain counseling services and/or medical assistance if victimized.

Offender interviews confirmed that offenders receive both initial and follow-up orientation and education, primarily in the form of video and written materials. All offenders reported they understood the orientation and education. All offenders confirmed they read and signed forms, documenting the education they received. Documentation was reviewed and confirmed that offenders received appropriate training no later than 30 days from intake, with the majority being within 2-7 days of arrival.

Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Policy 107.005 requires all OSI investigators receive specialized training in conducting sexual abuse investigations and limits sexual assault and harassment investigations to only those investigators who have completed that training. Documentation of training is maintained in the agency's Training Management System. The assigned facility investigator confirmed that he received specialized training, specifically the NIC PREA Investigating Sexual Abuse in a Confinement Setting and Minnesota DOC Forensic Experimental Trauma Interviewing and Diversity: Respectful Communication. A file review of his training confirms the above, as well as the 3 module PREA training and refresher PREA training.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Policy 500.030 requires all full and part-time medical and mental health practitioners receive specialized training on:

- a) How to detect and assess signs sexual abuse and harassment;
- b) How to preserve physical evidence of sexual abuse;
- c) How to respond effectively and professionally to victims of sexual abuse and harassment; and
- d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment;

Interviews with both medical and mental health staff received the required specialized training in addition to the 3 module PREA training all staff receive. Documentation of this specialized training is maintained in the agency's Training Management System. A file review confirmed that training is completed as required by policy and Standard.

Medical staff at the facility do not conduct forensic exams.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.040 addresses Offender Intake Screening and Processing. All facilities in Minnesota utilize the objective Sexual Violence Prevention (PREA) Checklist to screen all offenders admitted or transferred for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Policy requires that this screening be conducted within 24 hours of admission. All offenders reported that they received this screening. The Health Service staff reported that they conduct the risk screening no later than 3 hours after an offenders arrival. Should an offender report a prior victimization,

they would immediately assess for medical needs, as well as a referral to mental health staff would be made within 24 hours. While they have reported no incident of receiving new information after the intake process, they would complete the Sexual Violence Prevention (PREA) Checklist 30 Day Follow-up form.

Policy 202.040 states that offenders must not be disciplined for refusing to answer, or for not disclosing complete information, when screened by health services staff completing the Sexual Violence Prevention (PREA) Checklist. This was confirmed with the screener.

Policy 202.057 states that staff must conduct a sexual abuse risk re-assessment upon being informed that an offender-on-offender perpetrator has been identified and the allegation has been substantiated. As deemed appropriate, this assessment includes psychological testing, scoring of actuarial tools, and information regarding possible interventions, including the appropriateness of sex abuse specific mental health treatment, as available at that facility.

Screening data are entered into an internal agency database. Access is limited to mental health staff, medical staff, case managers, investigators, Captain, and the Lieutenants.

Standard 115.42 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 states that PREA screening information is used to determine housing, bed assignment, work assignment, and the need for further referral based on the information. This was confirmed through interview. It is noted that there were no offenders at the program who were identified as high risk of sexual victimization.

Policy 202.120 addresses the offender incompatibility developed by the agency. Offenders are required to immediately inform staff of potential threats to their safety. All reported threats are investigated, and if founded could result in any number of options such as transferring the offender to another housing unit or even to another facility.

Policy 202.045 addresses the evaluation and placement of transgender and intersex offenders. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The DOC does not place lesbian, bisexual, transgender, gender variant, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The DOC evaluates and places offenders who claim to be undergoing transgender or transsexual-related treatment, offenders who appear to be gender-variant, or offenders having other clinical conditions in which the gender assignment is unclear in a similar manner. The offender's own views regarding his or her own safety are given serious consideration. There were no identified transgender or intersex offenders at the program.

Standard 115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is Not Applicable. There is no segregation at this facility.

Standard 115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 affords offenders multiple ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interviews with offenders confirms the multiple ways of reporting, i.e. verbal report to staff, writing a kite, contacting the phone numbers that are posted in the facility.

The offenders interviewed confirmed their understanding of this. The most common means was the submission of a written kite, followed by the making of a verbal report to staff. Offenders also were aware of th anonymous reporting and 3rd party reporting through family.

Staff interviews reflected a similar understanding of the means allowed, including an understanding that offenders can make reports verbally, as well as in writing, and all staff indicated that their first responsibility was to protect offenders who make such reports. The majority of staff reported that they can report privately to the Office of Special Investigations.

Inmates have unimpeded access to telephones and can call the Minnesota Coalition Against Sexual Assault Hotline or any law enforcement agency of their choosing. They can also report to a third party, who can make the report for them.

The facility does not hold individuals for civil immigration purposes.

Standard 115.52 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is Not Applicable as offenders are not advised that the grievance system is a method of reporting sexual abuse or sexual harassment and the Grievance System policy reflects that grievances are not resolved through the grievance system.

Standard 115.53 Inmate access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 107.007 requires the facility to offer offenders with outside confidential support services provided through the victim advocate, whose contact information is posted in all housing units.

The agency provides a multitude of outside resources for victim services. These are posted in the units and include six state resources, four national resources, and two local resources. Offender interviews they have a general understanding of what services are available. Offenders also expressed an understanding that their phone calls were being monitored, the limits of confidentiality, and mandatory reporting duty of staff.

The agency provided documentation of its attempt to develop an MOU with local community service providers, which in this instance, was not successful.

Standard 115.54 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Any party can call the agency Sexual Assault Helpline or write a letter on behalf of an offender to make a report of sexual abuse and harassment. This information can be found on the agency website. Reporting information is also available at the facility.

Standard 115.61 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 202.057 and 103.300 require all staff, contractors, and volunteers must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment or staff sexual misconduct or retaliation that occurred in a facility or community services area.

Policy 202.057 classifies all information related to a sexual abuse as confidential and only allows access to that information on a need to know basis to inform treatment, investigation, and other security and management decisions. All staff interviewed stated an understanding of this policy and their duty to keep such information confidential.

All offenders are informed by medical and mental health staff of all reporting requirements and the limits of confidentiality. All offenders interviewed confirmed they had received such notices.

Policy 202.057 requires that all allegations of sexual abuse and harassment, including third-party and anonymous reports are reported through the respective chain of command, and ultimately to the agency Office of Special Investigations. This was confirmed with the Investigator.

Standard 115.62 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 202.057 and 202.105 clearly states that if the DOC learns that an offender is subject to a substantial risk of imminent sexual abuse, it must take immediate action to protect the offender. All staff could articulate the steps that they are required to take. This understanding was supported by all staff who were interviewed.

Standard 115.63 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 107.007 mirrors the requirement of this standard. All allegations received would be reported to both the agency PREA Coordinator and the facility where the abuse was alleged to have occurred. Notification is required to be documented and made within 72 hours. This was confirmed through interview with the PREA Compliance Manager.

Standard 115.64 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 addresses staff first responder responsibilities to include the following:

- (1) Separate the alleged perpetrator and victim so that neither can hear nor see the other.
- (2) Remain with the victim to provide safety and support, and to ensure that the victim does not wash, shower, change clothes, or otherwise compromise physical evidence on his/her body prior to examination.
- (3) With the exception of health services staff and the watch commander, the staff receiving the report must initiate the First Responder Sexual Abuse Response Checklist.
- (4) Inform the watch commander/designee of the alleged sexual abuse.
- (5) Secure the crime scene. Take photographs as needed.
- (6) Complete a confidential incident report.
- (7) Forward the First Responder Sexual Abuse Response Checklist and confidential incident report to the watch commander.

All security and non-security staff were able to clearly articulate their understanding of these responsibilities during interviews.

Standard 115.65 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 establishes a facility coordinated response team, the Sexual Abuse Response Team (SART), which includes administrative, investigation, security, medical, and mental health staff. The policy is highly detailed with respect to procedures and responsibilities of the SART.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency's master contract with AFSCME contains a provision allowing the agency to reassign any staff for up to twelve months pending the outcome of an investigation.

Standard 115.67 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 203.057 and 103.220 prohibit retaliation by staff, and that all sexual abuse reporters and individuals who cooperate with investigations are to be protected against retaliation by offenders and staff. The Captain has been charged with the responsibility to monitor retaliation. Offenders and staff who were interviewed did not report any instances of retaliation against themselves or others.

When a report is entered into the PREA Incident Management System, the system will prompt for retaliation monitoring every 30 days, up to 90 days for any person who is identified as the victim, the reporter, or anyone who participated in the investigation. The facility has a variety of options available to protect offender victims of sexual abuse, including housing changes and transfers to other facilities within the DOC, if needed. There were no reported instances of retaliation in the last 12 months.

Policy 203.057 requires the SART leader/designee to follow up with staff/offender reporters and witnesses at 30 days, 60 days, and 90 days from the date of the sexual abuse/harassment or sexual misconduct to ensure there is no retaliation as a result of the reporting. Follow-up may increase, if needed. Anyone who cooperates with an investigation is protected from retaliation. If the allegation is determined to be unfounded, the obligation to follow-up ends. There were no reported instances of retaliation in the last 12 months.

Standard 115.68 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is Not Applicable. There is no segregation at this facility.

Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 107.005 and 107.007 address all of the elements of this standard. The Office of Special Investigations (OSI) investigates allegations of felony level criminal activity by offenders and assists law enforcement agencies with conducting criminal investigations involving employees, volunteers, contractors, and visitors within the department. OSI investigators, who have received specialized training in conducting sexual abuse investigations in confinement settings, must conduct sexual assault and harassment investigations. Completed investigations are forwarded to the appropriate assistant or deputy commissioner for referral to the appropriate county attorney's office for criminal prosecution. Any investigative data revealing criminal activity outside of the department is referred to the appropriate law enforcement agency. OSI investigators receive ongoing specialized training every year.

Interview with an investigator finds that they are required to respond to the facility within 24 hours of a report of sexual abuse. They would call ahead to ensure the scene is secured. They also provide a video to the victim that advises the victim of rights, outside support services, and the investigation process. The gathering of interviews, video/audio evidence, phone calls, physical evidence recovery kit evidence and DNA are collected.

The investigator secures all evidence with chain of custody documentation and maintains the integrity of the evidence until needed by the prosecuting authority. If the investigation is of a sexual assault and had taken place within 120 hours of the report, the special investigator informs the victim of the need for a sexual assault exam.

Resignation or the release of an offender would not stop an investigation.

Standard 115.72 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 establishes an evidentiary standard of a preponderance of the credible evidence for administrative investigations.

Standard 115.73 Reporting to inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 requires OSI to is required inform the offender whether the staff member is no longer posted on the unit or employed by the agency, or the outcome of any criminal prosecution. This was confirmed with the investigator. Similar information is provided to the offender victim, if the offender abuser is indicted and/or convicted of the charge related to the allegation of sexual abuse.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 103.225 states that any individual who violates agency sexual abuse or sexual harassment policies may be subject to discipline up to and including discharge. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Policy 107.100 requires all allegations of criminal conduct to be reported to law enforcement.

Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 300.045 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with offenders and must be reported to appropriate law enforcement agencies, unless the activity was clearly not criminal, and relevant licensing bodies. During the interviews it was confirmed that contractors/volunteers would not be permitted within the facility during an investigation.

Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 303.010 addresses offender discipline, one of the purposes of which is to establish and maintain fair disciplinary procedures and practices consistent with applicable legal precedent. The hearing officer's findings are based on information obtained in the investigation and the hearing process. The hearing officer uses the preponderance standard for determining whether or not the offender violated the disciplinary regulation. The disposition of each charge must be entered in the hearing findings. The hearing officer determines what penalty, if any, will be imposed on the completion of the hearing. The penalty is based on the seriousness of the violation, the presence of aggravating or mitigating factors, and the offender's disciplinary record. The findings and penalty imposed are announced to the offender at the conclusion of the hearing and a hearing findings report is sent to the offender no later than two working days following the hearing. The offender may appeal the decision of the hearing officer to the CEO/designee within 15 working days from the receipt of the hearing findings report. The CEO may remand the case for a new hearing, if he determines that the sanction was not proportionate to the violation. An interview with the CEO confirmed that they have not had a report of sexual abuse at the facility.

Policy 303.0101 states that no offender shall knowingly make a false written or oral statement about a staff member. If an offender makes a complaint in good faith that is protected under state or federal law about a staff member, the facility must possess evidence corroborating the staff member's report in order to charge the offender under this rule. This policy also requires that a charge of assault against any person does not include physical contact where the person consented to the contact.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 states that if through the screening process or a subsequent disclosure, staff learns information that indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Once OSI is contacted, OSI meets with the victim within 72 hours and explains the investigation options.

The policy also states that any information related to prior sexual victimization or abuse that occurred in an institutional setting must be limited to medical and mental health practitioners, OSI, and other staff, as necessary, to inform treatment plans, security, and management decisions, including such examples as housing, bed, work, education, and program assignments. The evaluation and treatment of a victim of prior sexual abuse/harassment or sexual misconduct includes follow-up services, a treatment plan, and referral for continued care following transfer to/placement in another facility. Referrals may also be provided when the offender is released from custody. When appropriate, staff refer the offender to appropriate community services such as a crisis center, support groups, mental health treatment, victim advocate services, and area law enforcement.

Policy 500.309 states that medical and mental health practitioners must obtain informed consent from an offender before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Interviews with medical and mental health staff confirmed that these procedures are in place.

Standard 115.82 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with medical and mental health staff confirmed that they are authorized to offer unimpeded access to emergency medical treatment and crisis intervention services, including sexually transmitted infections prophylaxis.

Policy 202.057 states that if health services and mental health staff are not on duty, security staff or other first responders are required to first ensure the protection of the offender and then call the on-call medical provider, as soon as possible. An interview a mental health provider indicated that they are required to respond within 24 hours after an allegation of sexual abuse. If indicated, the victim could be moved to Minnesota Correctional Facility - Moose Lake 24 hours services are available.

Policy 500.100 exempts offender victims of sexual abuse from the standard co-payment for medical services.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 states that the evaluation and treatment of a victim of prior sexual abuse/harassment or sexual misconduct includes follow-up services, a treatment plan, and referral for continued care following transfer to/placement in another facility. Medical staff report that treatment and follow-up is provided per physician order. Mental health staff reported that Crisis Intervention Services would be offered, and this included self-injury, functional abilities, follow-up care, psychiatrist referral and treatment plans. Referrals may also be provided when the offender is released from custody. This was confirmed during interviews with medical and mental health staff.

Inmate on inmate abusers would be transferred to another Minnesota Correctional Facility for sexual offender treatment services.

Policy 500.100 exempts offender victims of sexual abuse from the standard co-payment for medical services.

Standard 115.86 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 202.057 requires that an incident review team is conducted by the CEO, AWO, OSI, captain, corrections program director, and health services administrator within 30 days of the conclusion of an investigation, unless the incident was unfounded. This review includes input from all those involved and is required to consider all of the following:

- (1) Consider possible policy changes;
- (2) Consider motives which may include such examples as: race, ethnicity, gender identity (lesbian, gay, bisexual, transgender, intersex, or perceived status), gang affiliation, or was motivated or otherwise cause by group dynamics;
- (3) Assess the physical area in the facility where the abuse occurred;
- (4) Assess staffing levels; and
- (5) Assess the need for additional monitoring technology (i.e. cameras, etc.).

The facility must implement the recommendations from the review, or document the reason(s) for not making the recommended changes and compile this into a report.

Standard 115.87 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 102.050 requires the DOC to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The DOC also collects data provided by contracted community partners. The data is collected, as needed, from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews and is stored in the DOC central office communications unit.

The DOC aggregates the incident-based sexual abuse data annually. The incident-based data collected includes the data necessary to answer all of the questions from the Department of Justice - Survey of Sexual Violence. The DOC maintains sexual abuse data as established in the retention schedule.

Once approved by the commissioner, the annual report is electronically stored in the DOC central office communications unit, but is also made available to the public through the DOC's public website. The DOC may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Upon request, the DOC provides data from the previous calendar year to the Department of Justice (no later than June 30).

Standard 115.88 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 102.050 requires the sexual abuse response team (SART) chairs at each facility to review data and aggregate it in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response in policies, practices, and training throughout the department. The annual report includes a comparison of the current year's data and corrective actions that were reported by the SART with those from prior years and provides an assessment of the DOC's progress in addressing sexual abuse.

Once approved by the commissioner, the annual report is electronically stored in the DOC central office communications unit, but is also made available to the public through the DOC's public website. The DOC may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Standard 115.89 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 102.050 requires that data collected is maintained for 10 years after the date of the initial collection. Data is maintained for each facility under the control of the agency. When making information public, personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

July 16, 2016

Auditor Signature

Date